

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34599

1. PLACE OF DEATH

County

Registration District No. 791

File No.

Township

Primary Registration District No. 791

Registered No. 8758

City St. Louis

(No. City Group No. 1)

St. Ward)

2. FULL NAME

(a) Residence, No. 5155 Emerald Dr. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE 20 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Rudolph Katz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 - 1896

7. AGE YEARS 56 MONTHS 9 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Altena Pa

13. NAME Ernst Bolling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME 3 Bolling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Corp. of M. R. Katz

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 10 - 9 1933

19. UNDERTAKER Rowland Mortuary Service (ADDRESS) 5224 Delmar

20. FILED - 4 1933 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 10 - 5 1933, to 10 - 6 1933

I last saw her alive on 10 - 6 1933. Death is said to have occurred on the date stated above, at 5:30 am.

The principal cause of death and related causes of importance were as follows:

Acute Atherosclerotic Heart Disease Chronic Myocarditis Cardiac Hypertension 930 950

Other contributory causes of importance: 8

Name of operation Date of What test confirmed diagnosis? Clin. Path. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) J. H. Bredeck M. D.

(Address) City Mo.

SEP 22 1944
SEP 25 1944